

DIRECT CARE STAFF

Department Approved Assisted Living Facility Training 22 VAC 40-71-630 C 4

To be used for assisted living facility direct care staff who is not a licensed health care professional acting within the scope of the requirements of his/her profession, who is not a certified nurse aide, who has not graduated from a Virginia Board of Nursing approved educational curriculum from a Virginia Board of Nursing accredited institution for nursing assistant, geriatric assistant or home health aide, or who has not been approved under 22 VAC 40-71-630 C 3.

Name of Facility: _____

Address of Facility: _____

Phone Number of Facility: _____

Name of Facility Representative Submitting Form: _____

Title of Facility Representative: _____ Date Submitted: _____

Who provides the training?

Name: _____

Professional status: _____

How many clock hours of instruction does this curriculum involve? _____

Does the training include the following: *(Check all that are included. If not included, indicate why not and how information will be taught. Also indicate number of hours of instruction for each section.)*

_____ **I. Introduction to The Uniform Assessment Instrument and the Individualized Service Plan for Direct Care Staff.** *[Introduction, does not replace need for additional training for staff completing the assessment or developing the service plan].*

_____ Hours

- _____ A. Purpose and basis in regulation
- _____ B. Staff roles and responsibilities
- _____ C. The team approach to planning care
- _____ D. Coordination of services
 - _____ 1. Rehabilitative/Habilitative
 - _____ 2. Home health
 - _____ 3. Mental health
 - _____ 4. Hospice
 - _____ 5. Medical
 - _____ 6. Family and private duty
 - _____ 7. Social services
- _____ E. Recreational and social activities

____ **II. Care of the Elderly.** Address each topic about its impact on the resident's *functional status, communication abilities and rights issues.*

____ Hours

- ____ A. Physical and psychological aspects of aging
- ____ B. Physical, intellectual, emotional and social needs of the elderly
- ____ C. Common health problems:
 - ____ 1. Cardiovascular [stroke, heart problems]
 - ____ 2. Musculoskeletal degeneration
 - ____ 3. Sensory impairments

____ **III. Residents with Special Conditions.** Address each topic about its impact upon the resident's *functional status, communication abilities and rights issues.*

____ Hours

- ____ A. The mentally retarded resident
- ____ B. The mentally ill resident
- ____ C. The resident with cognitive deficits
 - ____ 1. Definition of "serious" cognitive deficit
- ____ D. The resident with a history of substance abuse
- ____ E. Residents with aggressive behaviors [*Introduction, does not replace need for additional training as required by regulation*]
 - ____ 1. Etiology of behaviors (health conditions and disease states)
 - ____ 2. Verbal, physical, and sexual aggression
 - ____ a. Toward self
 - ____ b. Toward others and property
 - ____ 3. Behavior management principles, positive support, and care planning
- ____ F. Residents with physical disabilities
 - ____ 1. Sensory impairments
 - ____ 2. Physical impairments

____ **IV. Residents with special health care needs**

- ____ A. Diabetic care
- ____ B. Oxygen therapy and respiratory needs
- ____ C. Wound and skin care
- ____ D. Special nutritional care
- ____ E. Assistive and prosthetic devices
- ____ F. Incontinence care and management
- ____ G. Substance abuse
- ____ H. Other special care needs
 - ____ 1. The resident with cancer
 - ____ 2. Terminal care
 - ____ 3. The resident receiving dialysis
 - ____ 4. Other

V. **Introduction to Restraints.** *[Introduction, does not replace need for additional training as required by regulation]*

Hours

- ____ A. Definition of restraints
- ____ B. The resident's right to be free of restraints and pertinent regulation
- ____ C. Hazards related to restraint usage
- ____ D. Facility policy regarding restraint usage
- ____ E. Restraint avoidance and reduction

____ VI. **Transfer and ambulation**

Hours

- ____ A. Body mechanics
- ____ B. Bed mobility and positioning
- ____ C. Assisting from bed to chair and return
- ____ D. Transferring to and from a wheelchair
- ____ E. Transferring to shower and tub and return
- ____ F. Transferring to and from a commode
- ____ G. Assisting to ambulate with walker, crutches, and cane
- ____ H. Transferring to motor vehicles

____ VII. **The provision of personal care.** Address each topic about its impact on the resident's *functional status, communication abilities and rights issues.*

Hours

- ____ A. The importance of personal care to the resident
- ____ B. Dignity while rendering care
- ____ C. Assisting the resident to eat
- ____ D. Mouth, teeth, and denture care
- ____ E. Shaving
- ____ F. Nail care
- ____ G. Bathing (tub, shower, bed)
- ____ H. Bed-making (occupied and unoccupied)
- ____ I. Elimination
- ____ J. Back rub and skin care
- ____ K. Hair care
- ____ L. Assisting to dress
- ____ M. Eyeglasses and hearing aids
- ____ N. Personal items and valuables
- ____ O. Recognizing changes in the resident's physical condition
- ____ P. Restorative services
 - ____ 1. Psycho-social training
 - ____ 2. Re-orientation/Reality orientation
 - ____ 3. Supportive independence

_____ **VIII. First Aid and Injury Prevention**

Hours

- _____ A. Common accidents
- _____ B. Accident prevention
- _____ C. Staff responsibility/First Aid techniques
- _____ D. Content/location of First Aid Kit

_____ **IX. Infection control**

Hours

- _____ A. Policies and procedures
- _____ B. Handwashing
- _____ C. Communicable diseases

_____ **X. Meals and nutrition**

Hours

- _____ A. Normal and therapeutic diets
- _____ B. Cultural and ethnic food patterns
- _____ C. Individuals likes and dislikes
- _____ D. Nutritional consideration

Please attach the curriculum. Instruction should be approximately 40 hours.

To Be Completed By Licensing Staff and Returned to the Facility

Name of ALF: _____

Approval is of the ALF direct care staff training – 22 VAC 40-71-630 C 4.

_____ Approved

_____ Not Approved

Signature

Title

Date

Direct Care Staff should have a certificate of training completion given to them and maintained in their file.